

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

JASON D. COHEN, M.D. FACS AND
PROFESSIONAL ORTHOPAEDIC
ASSOCIATES, P.A. , AS ASSIGNEE AND
DESIGNATED REPRESENTATIVE OF
PATIENT AM AND PATIENT AM,

Civil Action No.: 2:15-cv-4525-JLL-JAD

FIRST AMENDED COMPLAINT

Plaintiff(s)

vs.

HORIZON BLUE CROSS BLUE SHIELD
OF NEW JERSEY

Defendant

Plaintiffs, Jason D. Cohen, MD, FACS (hereinafter referred to as “Cohen”) and Professional Orthopaedic Associates, PA (hereinafter referred to as “POA”), on their own behalf and as assignee and a designated authorized representative of Patient AM and Patient AM, hereby complain against Horizon Blue Cross Blue Shield of New Jersey (hereinafter referred to as “Horizon” or “Defendant”) as follows:

PARTIES

1. Plaintiff Cohen is a board certified orthopedic surgeon with an office address at 776 Shrewsbury Avenue, Tinton Falls, New Jersey 07724. Dr. Cohen is a shareholder of and/or owns and/or operates POA.
2. Plaintiff POA is a professional medical association with office located in Tinton Falls, Toms River and Freehold, New Jersey.
3. Patient AM is a citizen of the State of New Jersey with a residence in Fort Monmouth, New Jersey.
4. Plaintiff AM is and was a patient of Dr. Cohen and POA.

5. Horizon is the Plan Administrator for Plaintiff AM's health insurance plan with corporate offices located at 3 Penn Plaza East, Newark, New Jersey 07105.

JURISDICTION

6. At all times hereinafter mentioned and upon information and belief, Defendant is located in and transacts business within the State of New Jersey to supply services.

7. At all times mentioned hereinafter and upon information and belief, Defendant regularly does or solicits business, or engages in a course of conduct, or derives revenue from services rendered in the State of New Jersey.

NATURE OF THE ACTION

8. The Plaintiffs assert claims under N.J.A.C. 11:25-5.3 and the New Jersey Healthcare Information and Technologies Act. Cohen and POA are providers of medical services.

9. Upon information and belief, Horizon is the plan administrator for Plaintiff Patient A.M.'s employer-provided health plan.

10. Upon information and belief, Horizon is required to pay for emergency medical care as perscribed under N.J.A.C. 11:25-5.3 and the New Jersey Healthcare Information and Technologies Act.

11. Upon information and belief, Horizon has breached both N.J.A.C. 11:25-5.3 and the New Jersey Healthcare Information and Technologies Act, either intentionally or recklessly, by using flawed or inadequate data and other information for emergency medical care.

12. As such, Horizon's actions are unsupported by substantial evidence, erroneous as a matter of law, not made in good faith, arbitrary and capricious, and in violation of both N.J.A.C. 11:25-5.3 and the New Jersey Healthcare Information and Technologies Act.

13. With regard to all out-of-network medical services, POA and Cohen require all patients to sign documents whereby the patient agrees to be personally responsible for all medical charges. As part of these documents, POA and Cohen obtain an Authorization of Designated

Representative (hereinafter referred to as a “DAR”) and an Assignment of Benefits/Appointment of Attorneys (hereinafter referred to as an “AOB”), which grant standing to Cohen and POA to sue Horizon for payment of its medical bills for the Services in this lawsuit. A true copy of the AOB and DAR executed by Patient A.M. are attached hereto as Exhibit A and Exhibit B, respectively.

14. Cohen and POA do not waive any deductible or co-payment by acceptance of the assignment.

15. Specifically, in this case, Patient AM signed the AOB on July 3, 2014 (attached hereto and made a part hereof as Plaintiffs’ Exhibit “A.”)

16. The AOB states in relevant part:

- a. “I hereby assign all rights and benefits due me from my insurance carrier to Professional Orthopaedic Associates (“POA”) and authorize and empower POA to appeal a determination by a carrier to deny, reduce or terminate my benefits including, but not limited to, the filing of a lawsuit or fee arbitration. Furthermore, I authorize and direct my insurance carrier to pay the proceeds of any benefits due me directly to POA.”
- b. “I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family. Although I have requested the doctor to bill my insurance company on my behalf, I clearly understand that it is still my responsibility to make sure the bill is paid within a reasonable time. If for any reason any portion of the bill is not paid by my insurance carrier, I further agree to make arrangements for prompt payment of the bill.”
- c. “I agree that should I receive direct payment from my insurance carrier for services rendered to me, I will promptly sign over the check to the physician’s office. I understand that should I not turn over the proceeds, an

THE BEINHAKER LAW FIRM, LLC
33 BLEEKER STREET, SUITE 210
MILLBURN, NJ 07041
908.272.2232 – FAX: 908.233.4546

action for collection may be filed against me in which I agree to be responsible for payment of any court costs and attorney fees involved in efforts to collect the entire fee billed by the doctor, not just what has been paid to me by my insurance carrier.”

- d. “In the event that the doctor elects to bring a lawsuit or petition for arbitration against the insurance carrier, I assign my rights, title and interest under any section of any insurance policy under which I am entitled to proceed for benefits. This assignment shall allow an attorney of their choosing to bring suit or submit to arbitration their claim for any unpaid bills for treatment rendered. My provider and POA may designate such attorney beginning thirty-one (31) days after any bill for services rendered becomes due. I agree to fully cooperate with them in the collection of any benefits from the insurance carrier including full cooperation with the chosen attorney.”
- e. “In the event this assignment is held invalid for any reason, I hereby authorize POA to appoint an attorney of its choice to represent me directly against an insurer from which I may collect any & all benefits and to bring a claim in a forum of the attorney’s choice. This appointment is intended to enable the attorney to collect the bills of POA and this appointment does not authorize the selected attorney to represent me in any third-party action. Further, this appointment will not conflict with any other attorney who currently represents me.”
- f. “By consenting to having a law firm of POA’s choosing represent me, I understand that in such lawsuits my confidentiality may not be protected and personal information may be revealed. I authorize my provider and

POA to release any and all information concerning my injury or illness and its treatment to the attorney designated by the assignee or third person that are involved in the action to collect benefits.”

17. The DAR signed by Patient AM on July 3, 2014 states that Patient AM authorizes “Professional Orthopaedic Associates, as my designated representative to appeal to my insurance company, Horizon BS of NJ, on my behalf in the determination of services rendered by Jason Cohen, and as part of the appeal, I hereby authorize Horizon BS of NJ to disclose and furnish to my designated representative, Professional Orthopaedic Associates, the following information: **All financial information contained in my insurance file. I understand this information is privileged and confidential.**” A copy of the DAR is annexed hereto and made a part hereof as Plaintiffs’ Exhibit “B.” (Emphasis in original).

FACTS APPLICABLE TO ALL COUNTS

18. On or about July 18, 2014, Cohen and POA sought payment from Horizon by way of filing a claim for emergency surgery and procedures (hereinafter referred to as “Services”) performed by Cohen on July 4, in the amount of \$169,390.00 for his Services rendered to Patient AM.

19. POA and Cohen are non-participating providers of the Services, in that they did not have a contract with Horizon to accept agreed upon rates for the Services provided to Patient AM.

20. On or about July 4, 2014, Cohen performed emergency spinal surgery on Patient AM on July 4, 2014 (hereinafter referred to as the “Services”).

21. The Services provided to Patient AM were emergency “out of network” Services.

22. All of the Services provided to the Patient AM were medically necessary and appropriate according to recognized medical standards in the community where Cohen practices medicine.

23. All of the Services provided to Patient AM were performed in the emergency room (“ER”) of Monmouth Medical Center located at 300 Second Avenue, Long Branch, New Jersey 07740 where Cohen enjoys privileges.

24. On or about July 18, 2014, Dr. Cohen submitted a claim to Horizon in the amount of \$169,390.00 for his Services rendered to Patient AM.

25. Horizon assigned the claim number 26141902133704 for the claim submitted by Cohen for the Services rendered to Patient AM.

26. On or about August 6, 2014, sent an Explanation of Benefits (“EOB”) to claim showing a payment of \$-0-.

27. Horizon received the claim of POA and Dr. Cohen for the Services rendered to Patient AM. A true copy of the Correspondence Audit Report is attached hereto and made part hereof as Exhibit “C”.

28. Per the Correspondence Audit Report, Horizon had frequent contact with POA and Dr. Cohen from July 21, 2014 through March 31, 2015 regarding the processing and denial of the claim for shifting reasons. Horizon had such contact with POA and/or Dr. Cohen on July 21, 22, 28, 2014, August 13, 20 and 21, 2014, September 25, 2014, October 13, 27 and 29, 2014, November 12 and 17, 2014, December 2, 2014, January 7 and 30, 2015, February 26, 2015 and March 31, 2015.

29. At no time during the telephonic or written correspondence from Horizon to POA and/or Dr. Cohen did Horizon ever indicate that there was an anti-assignment clause or that Horizon would refuse to speak to POA and/or Dr. Cohen and had to deal with Patient AM directly.

30. No payment has been received by Plaintiffs for the Emergency Services rendered by POA and Dr. Cohen to Patient AM within thirty (30) days of submission of the claim, or at any time thereafter.

31. On or about November 24, 2014, POA and Dr. Cohen filed an appeal as “the designated representative” of Patient AM. A true copy of the November 24, 2014 is attached hereto

and made part hereof as Exhibit "D". Attached to the appeal was the DAR, the EOB of Patient AM, the operative report and redacted EOBS of other patients whose claims were processed at higher rates than the non-payment received for this claim.

32. By letter dated December 22, 2014 to Dr. Cohen, Horizon denied the appeal. A true copy of the December 22, 2014 letter from Horizon to Dr. Cohen is attached hereto and made part hereof as Exhibit "E".

33. The December 22, 2014 letter from Horizon is not addressed to Patient AM and there is no mention of any anti-assignment clause.

34. On or about February 26, 2015, POA and Dr. Cohen submitted a second appeal (hereinafter referred to as the "Second Appeal"). A true copy of the February 26, 2015 letter from POA and Dr. Cohen is attached hereto and made part hereof as Exhibit "F".

35. The Second Appeal specifically states on page 3 that should the plan "contain an unambiguous anti-assignment clause prohibiting assignment of rights, benefits and causes of action in the SPD, the plan administrator is required to timely notify or disclose to the assignee of such prohibition by disclosing such SPD." (Emphasis added).

36. By letter dated March 22, 2015 to Dr. Cohen, Horizon denied the Second Appeal and failed to disclose or mention any anti-assignment clause. A true copy of the March 22, 2015 letter from Horizon to Dr. Cohen is attached hereto and made part hereof as Exhibit "G".

37. Cohen and POA on their own behalf and on behalf of Patient AM have appealed the claim and their appeals were fruitless.

38. Plaintiffs were improperly not paid \$169,390.00.

39. This \$169,390.00 has not been received for such emergency Services within thirty (30) days of submission of the claim, or at any time thereafter.

40. Plaintiffs have satisfied the prerequisite to the commencement of this action.

41. Plaintiffs have demanded payment on the claim asserted by them for Cohen's Services.

42. Defendant, individually and jointly, have failed and refused to make payment of the outstanding balance of \$\$169,390.00 which remains unpaid and was denied without valid basis.

FIRST COUNT
(Violation of N.J.A.C. 11:24-5.3)

43. Plaintiffs repeat and reallege the allegations of previous paragraphs of the Complaint as if set out at length herein.

44. Patient AM is a beneficiary under a health insurance policy administered by Horizon.

45. Dr. Cohen and POA are the assignee of benefits and the designated representatives of Patient AM and are authorized to prosecute this action.

46. Plaintiffs filed a claim with Defendant in the amount of \$169,390.00 for emergency Services performed on Patient AM.

47. Defendant paid \$0.00 on that claim.

48. Plaintiffs are still owed \$169,390.00 for the Services.

49. Defendant has improperly paid that claim in violation of New Jersey Administrative Code 11:24-5.3.

50. N.J.A.C. 11:24-5.3, promulgated by the New Jersey Department of Banking and Insurance, requires a carrier to limit a member's liability for emergency care rendered by non-participating providers, including ambulances, to the patient's co-pay, deductible or co-insurance.

51. Public policy in New Jersey dictates that, since the ER patient does not have the opportunity to choose their treating physician, she should not have to incur costs if the doctor on call does not participate in their insurance network.

52. This state mandate overrides and supersedes any limitations contained in a patient's plan document.

53. As a consequence of Defendant's failure to pay, Patient AM has been damaged since she now owes Dr. Cohen and POA for Services which should have been covered by Defendant.

54. POA and Dr. Cohen are damaged because they should have been paid for the emergency Services rendered to Patient AM which should have been covered by Defendant.

WHEREFORE, Plaintiffs seek damages against Defendant in the amount of \$169,390.00, plus attorney's fees, interest, costs of Court and such other and further relief as is just under the circumstances.

SECOND COUNT
(Unjust Enrichment)

55. Plaintiffs repeat and realleges the allegations of previous paragraphs of the Complaint as if set out at length herein.

56. Patient AM received benefits from Dr. Cohen and POA with the full expectation that Defendant would pay for the Services rendered by Cohen and POA on an emergency basis.

57. Defendant has received the benefit of having its insured receive Services from Cohen and POA without paying for the Services that it is required to pay for.

58. Failure of Defendant to not pay for the Services rendered to Patient AM by Dr. Cohen and POA would be unjust.

59. Plaintiffs expected the Services to be paid from Defendant at the time Patient AM received and POA and Dr. Cohen performed the Services.

60. Patient AM received and Dr. Cohen and POA provided its medical services in good faith with full expectation of compensation, which Defendant and Patient AM, its insured, accepted.

61. Plaintiffs are still owed \$169,390.00 for the Services performed by Dr. Cohen and POA.

62. Defendant has improperly withheld payment and has been unjustly enriched thereby.

WHEREFORE, Plaintiffs seek damages against Defendant in the amount of \$169,390.00, plus attorney's fees, interest, costs of Court and such other and further relief as is just under the circumstances.

THIRD COUNT

(Violation of the New Jersey Healthcare Information and Technologies Act ("HINT"))

63. Plaintiffs repeat and reallege the allegations of previous paragraphs of the Complaint as if set out at length herein.

64. HINT requires that a health insurer, such as the Defendant, shall remit payment for every insured claim no later than the 30th calendar day following receipt of the claim.

65. Patient AM was eligible to receive emergency medical treatment from Dr. Cohen and POA under Patient AM's insurance policy with Defendant.

66. Patient AM was an insured and covered by the insurance policy in place at the time the Services were rendered.

67. The claim for payment is for medical services covered by the insurance policy held by Patient AM from Defendant.

68. Plaintiffs submitted their claims timely with the information required of them.

69. Defendant failed to remit any payment for such emergency surgical procedure within 30 days of submission of the claim.

70. The amount of \$169,390.00 is overdue.

71. Under HINT, Defendant is required to make payment of \$169,390.00 plus interest at 12% per annum

72. As a consequence of Defendant's failure to pay, Plaintiffs have been damaged.

WHEREFORE, Plaintiffs seek damages against Defendant in the amount of \$169,390.00, plus attorney's fees, interest at 12% per annum, costs of Court and such other and further relief as is just under the circumstances.

THE BEINHAKER LAW FIRM, LLC
33 BLEEKER STREET, SUITE 210
MILLBURN, NEW JERSEY 07041
(908) 272-2232
ATTORNEY FOR THE PLAINTIFFS

By: 

Jonathan S. Goodgold

Dated: December 4, 2015

THE BEINHAKER LAW FIRM, LLC
33 BLEEKER STREET, SUITE 210
MILLBURN, NJ 07041
908.272.2232 – FAX: 908.233.4546

EXHIBIT A

ASSIGNMENT OF BENEFITS/APPOINTMENT OF ATTORNEYS

I hereby assign all rights and benefits due me from my insurance carrier to Professional Orthopaedic Associates ("POA") and authorize and empower POA to appeal a determination by a carrier to deny, reduce or terminate my benefits including, but not limited to, the filing of a lawsuit or fee arbitration. Furthermore, I authorize and direct my insurance carrier to pay the proceeds of any benefits due me directly to POA. A copy of this can be considered as an original for insurance purposes. AM (initials)

I acknowledge and understand that I am responsible for all of the charges for all of the services rendered to me or any member of my family. Although I have requested the doctor to bill my insurance company on my behalf, I clearly understand that it is still my responsibility to make sure the bill is paid within a reasonable amount of time. If for any reason any portion of the bill is not paid by my insurance carrier, I further agree to make arrangements for prompt payment of the bill. AM (initials)

I agree that should I receive direct payment from my insurance carrier for services rendered to me, I will promptly sign over the check to the physician's office. I understand that should I not turn over the proceeds, an action for collection may be filed against me in which I agree to be responsible for payment of any court costs and attorney fees involved in efforts to collect the entire fee billed by the doctor, not just what has been paid to me by my insurance carrier. AM (initials)

I agree that if POA treats me for any problem that is involved in litigation or involves a claim for personal injuries, I will immediately notify the Billing Department for my POA provider. At the time any settlement funds are disbursed or received, I promise to pay any and all of my provider's and POA's bills. AM (initials)

I understand that my provider and POA may each bill for services rendered independently. I authorize this office to submit their bills to any insurance company with which I (or my spouse) have an insurance policy or any company against which I may proceed for medical expense benefits. AM (initials)

In the event that the doctor elects to bring a lawsuit or petition for arbitration against the insurance carrier, I assign my rights, title and interest under any section of any insurance policy under which I am entitled to proceed for benefits. This assignment shall allow an attorney of their choosing to bring suit or submit to arbitration their claim for any unpaid bills for treatment rendered. My provider and POA may designate such attorney beginning thirty-one (31) days after any bill for services rendered becomes due. I agree to fully cooperate with them in the collection of any benefits from the insurance carrier including full cooperation with the chosen attorney. AM (initials)

In the event this assignment is held invalid for any reason, I hereby authorize POA to appoint an attorney of its choice to represent me directly against an insurer from which I may collect any & all benefits and to bring a claim in a forum of the attorney's choice. This appointment is intended to enable the attorney to collect the bills of POA and this appointment does not authorize the selected attorney to represent me in any third-party action. Further, this appointment will not conflict with any other attorney who currently represents me. AM (initials)

By consenting to having a law firm of POA's choosing represent me, I understand that in such lawsuits my confidentiality may not be protected and personal information may be revealed. I authorize my provider and POA to release any and all information concerning my injury or illness and its treatment to the attorney designated by the assignee or third person that are involved in the action to collect benefits. AM (initials)

I have read, understand and agree to the above. AM (initials)

Abi Mancy
Patient Name – please print

7/3/14
Date

[Signature]
Patient's Signature or Signature of Parent/Legal Guardian

EXHIBIT B

PROFESSIONAL ORTHOPAEDIC ASSOCIATES

Authorization of Designated Representative to Appeal a Determination

Date: 7/13/14

Patient name: Abu Mounir

Insured ID #: [REDACTED]

I hereby authorize Professional Orthopaedic Associates, as my designated representative, to appeal to my insurance company, Horizon BS of NJ, on my behalf, in the
(please print name of insurance company here)

determination of services rendered by Jason Cohen, and, as part of the appeal, I hereby
(doctor you are seeing today)

authorize Horizon BS of NJ to disclose and furnish to my
(please print name of insurance company here)

designated representative, Professional Orthopaedic Associates, the following information:

All medical and financial information contained in my insurance file. I understand this information is
privileged and confidential.

Patient Name: Abu Mounir
(please print)

Legal Guardian's name: _____
(please print)

Signature of Patient or Legal Guardian: [Signature] Date: 7/13/14

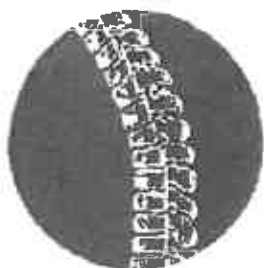
[Signature]
Signature of Professional Orthopaedic Associates Representative

EXHIBIT C

Correspondence Audit Report

Date Created	Visit Date / Time	Notes	Provider	Ticket Number	Created By
03/31/2015 10:15 AM	07/04/2014 10:54 AM	2nd APPEAL DENIED	Cohen MD, Jason D	224826	sroth
02/26/2015 9:18 AM	07/04/2014 10:54 AM	SENT 2ND APPEAL	Cohen MD, Jason D	224826	sroth
01/30/2015 1:39 PM	01/15/2015 9:15 AM	Per Navinet, ctm denied on 1.19.15 for no oon benefits	Cohen MD, Jason D	242737	lvelling
01/07/2015 10:38 AM	07/04/2014 10:54 AM	1/2/15 APPEAL DENIED	Cohen MD, Jason D	224826	sroth
12/02/2014 8:40 AM	07/04/2014 10:54 AM	SENT APPEAL FOR LOW REIMBURSEMENT	Cohen MD, Jason D	224826	sroth
11/17/2014 9:05 AM	07/04/2014 10:54 AM	PT C/B. HER BENEFITS STATE IN NETWORK RATES FOR EMERGENCY SERVICES.	Cohen MD, Jason D	224826	sroth
11/12/2014 10:21 AM	07/04/2014 10:54 AM	L/M ON PT'S C# FOR COPY OF SPD. BS PAYING IN NETWORK RATES ON THIS EMERGENCY SX.	Cohen MD, Jason D	224826	sroth
10/29/2014 11:35 AM	07/04/2014 10:54 AM	MMC FINALLY PAID ON 10/16. AS PER RHEA AT BS CLAIM WILL BE REPROCESSED UNDER REF #1-4133745117-U. AUTH # FOR SX 40481009.	Cohen MD, Jason D	224826	sroth
10/29/2014 10:00 AM	07/04/2014 10:54 AM	L/M FOR JUDY POLICARI 732-923-7224	Cohen MD, Jason D	224826	sroth
10/27/2014 7:49 AM	10/09/2014 8:59 AM	Per Navinet, ctm denied for no oon benefits on 10.13.14	Cohen MD, Jason D	233937	lvelling
10/13/2014 10:17 AM	07/04/2014 10:54 AM	Per Navinet, ctm denied again on 10.10.14 for no auth.	Cohen MD, Jason D	224826	lvelling
09/25/2014 8:42 AM	08/21/2014 9:15 AM	Per Navinet, ctm was denied on 9/20/14 for no oon benefits.	Cohen MD, Jason D	228940	lvelling
09/25/2014 8:41 AM	07/04/2014 10:54 AM	Per Navinet, ctm is still pending	Cohen MD, Jason D	224826	lvelling
08/21/2014 2:23 PM	07/04/2014 10:54 AM	Per Navinet, ctm #26141902133702 is processing w/poss pmt of \$166,835.07 as of 8.13.14	Cohen MD, Jason D	224826	lvelling
08/20/2014 3:26 PM	07/04/2014 10:54 AM	ACCORDING TO BS MMC WAS NOT PAID & WE CANT BE PAID BEFORE THEM. SPOKE TO JUDY POLICARI FROM MMC 732-923-7224. SHE WILL SEE WHAT THE STATUS IS OF APPEALING THEIR DENIAL WHICH WAS FOR SERVICES AS IN PATIENT NOT WARRANTED. OURS IS FOR NO AUTH.	Cohen MD, Jason D	224826	sroth
08/13/2014 1:41 PM	07/04/2014 10:54 AM	CLAIM WILL BE SENT BACK AS EMERGENT SERVICES. MMC WAS PAID. REF #1-4038264202-U	Cohen MD, Jason D	224826	sroth
07/28/2014 11:41 AM	07/17/2014 9:00 AM	Per Navinet, ctm is still pending	Cohen MD, Jason D	225620	lvelling
07/22/2014 8:24 AM	07/17/2014 9:00 AM	Per Navinet, ctm# 27141996722700 was rec'd on 7.18.14 & is pending w/poss pmt of \$219	Cohen MD, Jason D	225620	lvelling
07/21/2014 8:10 AM	07/04/2014 10:54 AM	Per Navinet, ctm denied on 7/9/14 stating that auth was denied. Gave to SR	Cohen MD, Jason D	224826	lvelling
Total Report Entries : 19					

EXHIBIT D



**PROFESSIONAL SPINE
AND
SCOLIOSIS CENTER**

AT
**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**

Jason D. Cohen, MD, FACS

Board Certified
Fellowship Trained
Orthopaedic Spinal Surgeon
Diplomate
American Board of Spine Surgery
Scoliosis
Spinal Surgery
Neck Surgery
Spinal Deformity
Herniated Discs
Spinal Stenosis
Spinal Tumors and Fractures
Spinal Reconstructive Fusions

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949

www.professionalortho.com

November 24, 2014

*Horizon BS of NJ
PO Box 10129
Newark, NJ 07101
ATT: MEMBER APPEALS DEPT*

*Re: Abir Marcus
ID #: [REDACTED]
DOS: 7/4/14
CLAIM #: 261419021337 04*

To Whom It May Concern:

I am appealing this claim as the designated authorized representative for the above-mentioned patient to dispute the processing of the above claim. Please see attached authorized form signed by patient allowing us to appeal on her behalf.

We are in receipt of the EOB regarding the processing of the above referenced claim. It is our understanding that benefits were processed according to what you feel is a usual and customary reimbursement for this surgery. .

Please be advised that Ms. Marcus underwent emergency surgery on 7/4/14 due to severe neck pain with left arm paresthesias and weakness for intractable neck pain due to C4-C5 and C5-C6 left herniated nucleus pulposus degenerative disk disease and spondylosis. .

I have attached other Horizon Blue Shield of NJ subscribers, whose similar surgeries with most of



**PROFESSIONAL SPINE
AND
SCOLIOSIS CENTER**
AT
**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**

Jason D. Cohen, MD, FACS

Board Certified
Fellowship Trained
Orthopaedic Spinal Surgeon
Diplomate
American Board of Spine Surgery
Scoliosis
Spinal Surgery
Neck Surgery
Spinal Deformity
Herniated Discs
Spinal Stenosis
Spinal Tumors and Fractures
Spinal Reconstructive Fusions

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949
www.professionalortho.com

the same codes as Ms. Marcus were paid substantially higher.

Based on this emergent surgery for Ms. Marcus this claim needs to be reviewed for additional payment and processed as an emergency surgery.

Based on this information, we request that the adjustments be reversed and additional payment be made.

If your company does not release additional benefits, please submit the applicable policy language, which justifies the determination so that we may determine your company's liability in the event this needs to go to our corporate attorney for arbitration.

We appreciate your prompt attention to this matter. If you need to contact me please call me at (732) 530-4949 x125

Sincerely,

Sheree Roth

PROFESSIONAL ORTHOPAEDIC ASSOCIATES

Authorization of Designated Representative to Appeal a Determination

Date: 7/13/14

Patient name: Max Merino

Insured ID #: [REDACTED]

I hereby authorize Professional Orthopaedic Associates, as my designated representative, to appeal to my insurance company, Horizon BS of NJ, on my behalf, in the
(please print name of insurance company here)

determination of services rendered by Jason Cohen, and, as part of the appeal, I hereby
(doctor you are seeing today)

authorize Horizon BS of NJ to disclose and furnish to my
(please print name of insurance company here)

designated representative, Professional Orthopaedic Associates, the following information:

All medical and financial information contained in my insurance file. I understand this information is
privileged and confidential.

Patient Name: Max Merino
(please print)

Legal Guardian's name: _____
(please print)

Signature of Patient or Legal Guardian: [Signature]

Date: 7/13/14

[Signature]
Signature of Professional Orthopaedic Associates Representative

Check No: 66902547
Payee ID 066667343D
NPI Code 1417934449

PATIENT							SUBSCRIBER				SUB ID		CLAIM NO		PATIENT APT		
DOS	WVK	POS	TOS	QTY	PRCD	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CD-IND	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID
ADVANTAGE EPO NSA																	
ADVANTAGE EPO NSA							SUB ID		CLAIM NO		PATIENT APT						
ADVANTAGE EPO NSA							SUB ID		CLAIM NO		PATIENT APT						
7/04/14	21	2		1	22851-ET		87,204.00-	0.00		0.00	0.00	0.00	0.00	87,204.00-		0.00	0.00
7/04/14	21	2		1	22846-ET		35,000.00-	0.00		0.00	0.00	0.00	0.00	35,000.00-		0.00	0.00
7/04/14	21	2		1	22851-ET		22,878.00-	0.00		0.00	0.00	0.00	0.00	22,878.00-		0.00	0.00
7/04/14	21	2		1	22851-ET		22,878.00-	0.00		0.00	0.00	0.00	0.00	22,878.00-		0.00	0.00
7/04/14	21	2		1	22552-ET		19,255.00-	0.00		0.00	0.00	0.00	0.00	19,255.00-		0.00	0.00
7/04/14	21	2		1	20936-ET		2,175.00-	0.00		0.00	0.00	0.00	0.00	2,175.00-		0.00	0.00
CLAIM TOTAL:							169,340.00-	0.00		0.00	0.00	0.00	0.00	169340.00-		0.00	0.00
ADVANTAGE EPO NSA							SUB ID		CLAIM NO		PATIENT APT						
7/04/14	21	2		1	22851-ET		87,204.00	0.00		1,930.65	0.00	0.00	0.00	66,273.35		0.00	1,930.65
7/04/14	21	2		1	22846-ET		35,000.00	0.00		826.84	0.00	0.00	0.00	34,173.16		0.00	826.84
7/04/14	21	2		1	22851-ET		22,878.00	0.00		458.79	0.00	0.00	0.00	22,419.21		0.00	458.79
7/04/14	21	2		1	22851-ET		22,878.00	0.00		458.79	0.00	0.00	0.00	22,419.21		0.00	458.79
7/04/14	21	2		1	22552-ET		19,255.00	0.00		446.40	0.00	0.00	0.00	18,808.60		0.00	446.40
7/04/14	21	2		1	20936-ET		2,175.00	0.00		143.32	0.00	0.00	0.00	2,031.68		0.00	143.32
CLAIM TOTAL:							169,340.00	0.00		4,264.50	0.00	0.00	0.00	165125.41		0.00	4,264.50
2980a																	
2980a PAYMENT OF \$0.00 WAS PREVIOUSLY ISSUED FOR THIS CLAIM. THE PAYMENT SHOULD HAVE BEEN \$4264.50. THE PREVIOUS PAYMENT HAS BEEN DEDUCTED FROM THE TOTAL PAYMENT REQUESTED FOR THIS CLAIM.																	

BARNABAS HEALTH
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: [REDACTED]

Billing Number: 0885667020

Operative Report

ADMISSION DATE: 07/04/2014

DATE OF SURGERY: 07/04/2014

PREOPERATIVE DIAGNOSIS: C4-C5 and C5-C6 herniated nucleus pulposus, left arm progressive weakness, degenerative disk disease, and spondylosis.

POSTOPERATIVE DIAGNOSIS: C4-C5 and C5-C6 herniated nucleus pulposus, left arm progressive weakness, degenerative disk disease, and spondylosis.

SURGEON: Jason D Cohen, MD

ASSISTANT: Sue E. McNeil, PA and Douglas Navasartian, MD

ANESTHESIOLOGIST: Matthew P Zlotnick, MD

ANESTHESIA: General endotracheal anesthesia.

OPERATION: Anterior cervical disectomy for neural decompression C4-C5 and C5-C6; anterior interbody arthrodesis at C4-C5 and C5-C6; anterior spinal instrumentation at C4, C5, and C6; interbody device C4-C5; interbody device C5-C6; local autogenous bone grafting; somatosensory evoked potential monitoring of upper and lower extremities x1 additional hour.

ESTIMATED BLOOD LOSS: Minimal.

FLUIDS: IV fluids, 1000 mL of crystalloid.

COMPLICATIONS: No complications.

COUNTS: Sponge, instrument, and needle count correct at the end of the procedure.

SSEP monitoring was stable throughout the surgery. Please refer to separate operative report dictated by Dr. Fox.

INDICATIONS: The patient is a 46-year-old female who has had an approximately four-week history of severe neck pain with left arm pain, paresthesias, developed progressive weakness in her left arm. The patient had intractable pain, no longer tolerated her symptoms. She presented to the emergency room of Monmouth Medical

BARNABAS HEALTH
 Monmouth Medical Center
 300 Second Avenue
 Long Branch, NJ 07740

Operative Report

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: 10/08/1967

Billing Number: 0885687020

ADMISSION DATE: 07/04/2014

Center with progressive weakness in the left upper extremity. She had been treated prior with medication management, exercise, and epidural steroids, none of which afforded her any symptomatic relief. Upon seeing her, she was noted to have weakness in her left deltoid as well as profound weakness in the left biceps. She was in severe pain in the neck and to the left upper extremity. I reviewed the MRI with her, it revealed a left-sided C4-C5 and C5-C6 disk herniation with high-grade spinal stenosis at the C5 and C6 nerve roots. Discussed treatment options such as continued conservative treatment versus surgical intervention. Discussed the risks, benefits, complications, options, and expected outcomes of both treatments. The patient was desirous of surgical treatment. I felt this was the best option for the patient given the progressive weakness that she had and severe intractable pain. Informed consent was obtained.

PROCEDURE: She was taken to the operating room on July 4, 2014. She received 1 g of Ancef antibiotic prophylaxis. General endotracheal anesthesia was initiated. She was placed on the operating table in spine position. Head was placed in a Mayfield head rest, a roll was placed beneath the shoulders, arms were secured to the side. All bony prominences were well padded, 7 pounds of traction were hung from Holter device. Neck was prepped and draped in the usual sterile fashion. Left-sided anterior approach was performed. Transverse incision was made. Skin and subcutaneous tissue were sharply incised. Hemostasis was obtained with electrocautery. Platysma muscles were split in the line of the skin incision. Deep cervical fascia was opened at the point of dissection and was carried medially to the carotid sheath through the pretracheal fascia onto the prevertebral space. Peanut dissector was used to clean up the ventral aspect of the spine. At the C6, carotid tubercle was palpated along the C5-C6 disk space. An 18-gauge spinal needle was inserted in the C5-C6 disk space. Lateral radiograph was obtained to confirm position at C5-C6. This space was marked with electrocautery. C4-C5 space was then marked. Longus colli muscle was elevated off the vertebral bodies from C4-C6. Self-retaining retractors were inserted underneath the longus colli muscle. Cephalad and caudad retractors were inserted for visualization from C4-C6. All soft tissue was removed from the ventral aspect of the spine. The annulus at C4-C5 and C5-C6 was incised with 15-blade in a box fashion. Discectomy was performed with straight and upbiting pituitary rongeurs. Straight and angled curettes were used to remove the cartilaginous endplates, clean up the uncovertebral joints. Starting at the C5-C6, Cloward interbody spreader was inserted. 3.0 angled Karlén curette was used to attach the posterior bony rim from the posterior longitudinal ligament. 1 and 2 mm Kerrison were used to resect the posterior margin of the C5 and C6, to perform a foraminotomy on the left side. The extruded disk fragment was

BARNABAS HEALTH
 Monmouth Medical Center
 300 Second Avenue
 Long Branch, NJ 07740

Operative Report

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: 10/08/1967

Billing Number: 0885667020

ADMISSION DATE: 07/04/2014

identified and retrieved. Complete decompression was performed where a nerve hook could freely pass behind the body of C5 and C6 and out both neural foramen with no further compression. The pia also was resected. Surgiflo was used for hemostasis. Attention was then turned to the C4-C5 level in similar fashion. Cloward spreader was inserted. 1 and 2 mm Kerrisons were used to dissect the posterior bony margins of C4 and C5 and to resect the posterior longitudinal ligament to perform a foraminotomy on the left side. Nerve root was decompressed. Disk fragment was retrieved. Nerve hook could freely pass behind the body of C4 and C5 and out both the neural foramen. No further compression. Copious irrigation was performed. Surgiflo was used for hemostasis. Trialing for the interbody device was performed. The device used was a NuVasive Core Contour. The appropriate size was a 5 standard. Cutting broaches were used to prepare both interspaces. A 3-mm Kerrison was used to harvest the anterior and inferior portion of the vertebral body of C5 and C4 for local autogenous bone graft and to have parallel endplate. The additional bone from the posterior portion of the vertebral body was also used for local autogenous bone graft. Bone graft was inserted into the interbody devices and they were packed into the C5-C6 and C4-C5 spaces, respectively. The NuVasive Helix R 38 mm plate was affixed from C4-C6 with two holding pins. 13 mm screws were inserted sequentially in C4, C5, and C6. Excellent purchase of all screws was obtained. Lateral radiographs showed excellent position of the instrumentation at C4-C5 and C5-C6. Locking rings were engaged and torqued to the manufacturer's recommendation. Holding pins were removed. Bone wax was used for hemostasis. Copious irrigation was performed. There was no significant bleeding. A Penrose drain was left deep in the ventral aspect of the spine. The wound was closed by reapproximating the platysma with 2-0 Vicryl and the closing the wound in layers with 2-0 Vicryl and running 3-0 Monocryl subcuticular sutures. Steri-Strips were applied followed by sterile dressing and an Aspen collar. The patient was awakened, extubated and taken to recovery room in stable and satisfactory condition.

E- Signed by
 Jason D Cohen, MD 07/07/2014 07:36

A

Jason D Cohen, MD

SAMPLE SUB

1107UC05E001001E401

www.horizonblue.com

Date: 11/07/2013
PAGE 2 OF 2Check No: 62820729
Payee ID [REDACTED]
NPI Code 1417934449

PATIENT						SUBSCRIBER				SUB ID		CLAIM NO.				PATIENT ACCT	
DOB	RTK	POS	TDE	QTY/PRG	NO	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID	

NATIONAL ACCOUNTS POS - PROVIDER SERVICES: (800)624-4768

									BA-7802813283B2211 00				198705	
10/07/13	22	2	1	22551	58,862.00	0.00	28,523.00	1,910.40	0.00	0.00	32,249.40	0.00	24,612.50	
10/07/13	22	2	1	22848	25,558.00	0.00	24,178.00	0.00	0.00	0.00	1,378.00	0.00	24,178.00	
10/07/13	22	2	1	22861	17,972.00	0.00	12,500.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00	
10/07/13	22	2	1	22861-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00	
10/07/13	22	2	1	22861-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00	
10/07/13	22	2	1	22861-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00	
10/07/13	22	2	1	22861-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00	
10/07/13	22	2	1	22862	18,292.00	0.00	8,198.00	0.00	0.00	0.00	10,094.00	0.00	8,198.00	
10/07/13	22	2	1	22552-59	18,292.00	0.00	8,198.00	0.00	0.00	0.00	10,094.00	0.00	8,198.00	
10/07/13	22	2	1	22552-59	18,292.00	0.00	8,198.00	0.00	0.00	0.00	10,094.00	0.00	8,198.00	
10/07/13	22	2	1	20936	2,175.00	0.00	1,292.00	0.00	0.00	0.00	883.00	0.00	1,292.00	
Z466a														
CLAIM TOTAL:					208,367.00	0.00	120,587.00	1,910.40	0.00	0.00	88,600.40	0.00	118,678.60	

Z466a: MEMBER CONCESSIONS OF \$19,840 WAS APPLIED TO THIS CLAIM

SAMPLE LAB

10/15/13

1002UC05E0010015891

www.horizonblue.com

Date: 10/02/2013
PAGE 2 OF 2Check No: 62375655
Payee ID [REDACTED]
NPI Code 1617934449

PATIENT						SUBSCRIBER				VENDOR		CLAIM NO.				PATIENT ACCT																																																																																																																																																																																		
DOB	AGE	POS	YOS	QTY	PROG	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CD-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID																																																																																																																																																																																	
NJ DIRECT - PROVIDER SERVICES: (800)624-1110																																																																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="11"></th> <th>NA-780261320744477 00</th> <th>101773</th> </tr> </thead> <tbody> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>22551</td> <td></td> <td>56,862.00</td> <td>0.00</td> <td></td> <td>47,078.42</td> <td>1,443.65</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>0.00</td> <td>45,634.77</td> </tr> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>22845</td> <td></td> <td>25,356.00</td> <td>0.00</td> <td></td> <td>21,159.30</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>21,159.30</td> </tr> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>22851</td> <td></td> <td>17,972.00</td> <td>0.00</td> <td></td> <td>13,224.56</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>13,224.56</td> </tr> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>22851-50</td> <td></td> <td>17,972.00</td> <td>0.00</td> <td></td> <td>13,224.56</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>13,224.56</td> </tr> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>22862</td> <td></td> <td>16,293.00</td> <td>0.00</td> <td></td> <td>13,489.13</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>13,489.13</td> </tr> <tr> <td>7/12/13</td> <td>2319</td> <td>22</td> <td>2</td> <td>1</td> <td>20936</td> <td></td> <td>2,175.00</td> <td>0.00</td> <td></td> <td>1,841.40</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>1,841.40</td> </tr> <tr> <td colspan="7"></td> <td>2832</td> <td colspan="10"></td> </tr> <tr> <td colspan="7"></td> <td>2465a</td> <td colspan="10"></td> </tr> <tr> <td colspan="7">CLAIM TOTAL:</td> <td>136,620.00</td> <td>0.00</td> <td></td> <td>116,029.37</td> <td>1,443.65</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td>0.00</td> <td>108,575.72</td> </tr> </tbody> </table>																													NA-780261320744477 00	101773	7/12/13	2319	22	2	1	22551		56,862.00	0.00		47,078.42	1,443.65	0.00	0.00	0.00			0.00	45,634.77	7/12/13	2319	22	2	1	22845		25,356.00	0.00		21,159.30	0.00	0.00	0.00	0.00			21,159.30	7/12/13	2319	22	2	1	22851		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			13,224.56	7/12/13	2319	22	2	1	22851-50		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			13,224.56	7/12/13	2319	22	2	1	22862		16,293.00	0.00		13,489.13	0.00	0.00	0.00	0.00			13,489.13	7/12/13	2319	22	2	1	20936		2,175.00	0.00		1,841.40	0.00	0.00	0.00	0.00			1,841.40								2832																		2465a											CLAIM TOTAL:							136,620.00	0.00		116,029.37	1,443.65	0.00	0.00	0.00			0.00	108,575.72
											NA-780261320744477 00	101773																																																																																																																																																																																						
7/12/13	2319	22	2	1	22551		56,862.00	0.00		47,078.42	1,443.65	0.00	0.00	0.00			0.00	45,634.77																																																																																																																																																																																
7/12/13	2319	22	2	1	22845		25,356.00	0.00		21,159.30	0.00	0.00	0.00	0.00			21,159.30																																																																																																																																																																																	
7/12/13	2319	22	2	1	22851		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			13,224.56																																																																																																																																																																																	
7/12/13	2319	22	2	1	22851-50		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			13,224.56																																																																																																																																																																																	
7/12/13	2319	22	2	1	22862		16,293.00	0.00		13,489.13	0.00	0.00	0.00	0.00			13,489.13																																																																																																																																																																																	
7/12/13	2319	22	2	1	20936		2,175.00	0.00		1,841.40	0.00	0.00	0.00	0.00			1,841.40																																																																																																																																																																																	
							2832																																																																																																																																																																																											
							2465a																																																																																																																																																																																											
CLAIM TOTAL:							136,620.00	0.00		116,029.37	1,443.65	0.00	0.00	0.00			0.00	108,575.72																																																																																																																																																																																
<p>2031 PLEASE NOTE CLAIMS MUST BE FILED WITHIN 90 DAYS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGE WERE RENDERED. FOR EXAMPLE, IF A SERVICE WAS RENDERED 1/1/11, YOU WOULD HAVE UNTIL MARCH 31, 2012 TO FILE A CLAIM.</p> <p>2060 MEMBER COINSURANCE OF \$1442.00 WAS APPLIED TO THIS CLAIM.</p> <p>2070 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN IN THIS ROW.</p>																																																																																																																																																																																																		
NJ NATIONAL ACCOUNTS SERVICED IN MT. LAUREL - PROVIDER SERVICES: (800)624-4738																																																																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="11"></th> <th>NA-780261324721472 00</th> <th>103133</th> </tr> </thead> <tbody> <tr> <td>8/01/13</td> <td>2319</td> <td>41</td> <td></td> <td>1</td> <td>85244</td> <td></td> <td>607.88</td> <td>0.00</td> <td></td> <td>422.00</td> <td>84.40</td> <td>0.00</td> <td>0.00</td> <td>270.28</td> <td></td> <td></td> <td>0.00</td> <td>337.60</td> </tr> <tr> <td>8/01/13</td> <td>2319</td> <td>41</td> <td></td> <td>1</td> <td>72100</td> <td></td> <td>223.00</td> <td>0.00</td> <td></td> <td>199.00</td> <td>39.80</td> <td>0.00</td> <td>0.00</td> <td>63.80</td> <td></td> <td></td> <td>0.00</td> <td>159.20</td> </tr> <tr> <td colspan="7"></td> <td>2465</td> <td colspan="10"></td> </tr> <tr> <td colspan="7">CLAIM TOTAL:</td> <td>830.88</td> <td>0.00</td> <td></td> <td>621.00</td> <td>124.20</td> <td>0.00</td> <td>0.00</td> <td>334.08</td> <td></td> <td></td> <td>0.00</td> <td>496.80</td> </tr> </tbody> </table>																													NA-780261324721472 00	103133	8/01/13	2319	41		1	85244		607.88	0.00		422.00	84.40	0.00	0.00	270.28			0.00	337.60	8/01/13	2319	41		1	72100		223.00	0.00		199.00	39.80	0.00	0.00	63.80			0.00	159.20								2465											CLAIM TOTAL:							830.88	0.00		621.00	124.20	0.00	0.00	334.08			0.00	496.80																																																																																									
											NA-780261324721472 00	103133																																																																																																																																																																																						
8/01/13	2319	41		1	85244		607.88	0.00		422.00	84.40	0.00	0.00	270.28			0.00	337.60																																																																																																																																																																																
8/01/13	2319	41		1	72100		223.00	0.00		199.00	39.80	0.00	0.00	63.80			0.00	159.20																																																																																																																																																																																
							2465																																																																																																																																																																																											
CLAIM TOTAL:							830.88	0.00		621.00	124.20	0.00	0.00	334.08			0.00	496.80																																																																																																																																																																																
<p>2060 MEMBER COINSURANCE OF \$1442.00 WAS APPLIED TO THIS CLAIM.</p> <p>2070 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN IN THIS ROW.</p>																																																																																																																																																																																																		

SAMPLE EOB



Date: 3/13/2014
 PAGE 3 OF 4

www.horizonblue.com

Check No: 64239783
 Payee ID: [REDACTED]
 NPI Code: 1417934449

DOB	AGE	POS	TSB	QTY	PROC	REAS	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	COST LIAB	REAS	OTHER CARR	PAID
-----	-----	-----	-----	-----	------	------	--------	-------------	------	---------	--------	-------	------------	-----------	------	------------	------

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY INC - PROVIDER SERVICES: (800)634-1110

1/06/14	2484	22	2	1	22881-ET		58,882.00	0.00		58,882.00	2,057.42	0.00	0.00	2,057.42		0.00	64,939.42
1/08/14	2484	22	2	1	22845-ET		25,556.00	0.00		25,556.00	0.00	0.00	0.00	0.00		0.00	25,556.00
1/08/14	2484	22	2	1	22851-ET		17,972.00	0.00		17,972.00	0.00	0.00	0.00	0.00		0.00	17,972.00
1/06/14	2484	22	2	1	20838-ET		2,175.00	0.00		2,175.00	0.00	0.00	0.00	0.00		0.00	2,175.00
Z4868																	
CLAIM TOTAL:							102,585.00	0.00		102,585.00	2,057.42	0.00	0.00	2,057.42		0.00	108,597.42

2484 MEMBER COVERAGE OF BIRTHDAY APPLIED TO THIS CLAIM

2084 PAYMENT FOR THIS SERVICE HAS BEEN REQUESTED TO YOUR OFFICE AS IT WAS AUTHORIZED THROUGH YOUR OWN POINT OF SERVICE

SAMPLE COB

0808UCD3E0010015427

www.horizonblue.com

Date: 9/09/2014
PAGE 2 OF 4Check No: 66272404
Payee ID [REDACTED]
NPI Code 1417934449

POS	SNK	POS	TOR	QTY	PRCD	PCD	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	COST LIAB	REAS	OTHER CARR	PAID
NJ DIRECT - PROVIDER SERVICES: 0001334-1130																	
07/09/14	Z319	22	2	1	22551		57,204.00	0.00		57,204.00	0.00	0.00	0.00	11,587.00		0.00	55,617.00
07/09/14	U715a	22	2	1	22550-51		60,408.00	0.00		12,000.00	0.00	0.00	0.00	0.00		0.00	0.00
07/09/14	Z319	22	2	1	22845		30,204.00	0.00		25,000.00	0.00	0.00	0.00	5,204.00		0.00	25,000.00
07/09/14	Z319	22	2	1	22847		18,078.00	0.00		18,000.00	0.00	0.00	0.00	78.00		0.00	18,000.00
07/09/14		22	2	1	20536		2,175.00	0.00		2,175.00	0.00	0.00	0.00	0.00		0.00	2,175.00
	2632																
	1755																
CLAIM TOTAL:							178,999.00	0.00		112,992.00	0.00	0.00	0.00	17,769.00		0.00	160,992.00

2000 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 15 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE: IF A SERVICE WAS PROVIDED IN 2013, YOU WOULD HAVE UNTIL MARCH 31, 2015 TO FILE A CLAIM.

2010 HORIZON PROVIDES ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.

2015 YOU ARE A NON-PARTICIPATING PROVIDER. THE CLAIMER EXPRESSLY AGREES TO THE PROGRAM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON YOUR FORM.

2016 THIS SERVICE IS NOT PAID SEPARATELY. THIS SERVICE IS INCIDENTAL TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED FOR THIS DATE OF SERVICE UNDER CLAIM NUMBER 0001334-1130.

SAMPLE EOB

0710UCDS0010018878

www.horizonblue.com

Date: 7/10/2014
PAGE 2 OF 2Check No: 65609585
Payee ID: [REDACTED]
NPI Code: 1417934449

DOB	SEX	POS	TOS	QTY	PROC	PRG	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CLST	LYAB	REAS	OTHER CARR	PAID
SAMPLE FOR																		
NJ DIRECT - PROVIDER SERVICES: (800)624-8110																		
6/06/14	Z319	22	2	1	22551		67,204.00	0.00		49,966.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	49,966.39
6/06/14	Z319	22	2	1	22546		30,204.00	0.00		22,600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22,600.00
6/06/14	Z319	22	2	1	22551		19,879.00	0.00		18,255.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18,255.00
6/06/14	Z319	22	2	1	20936		2,175.00	0.00		1,957.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,957.50
							2632											
							Y755											
CLAIM TOTAL:							119,461.00	0.00		90,822.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90,822.89
<p>2002 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 18 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE IF A SERVICE WAS PROVIDED IN 2011, YOU WOULD HAVE UNTIL MARCH 31, 2013 TO FILE A CLAIM.</p> <p>Y755 HORIZON PROVIDES ADMINISTRATIVE CLAIM PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.</p> <p>Z319 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																		
6/06/14	Z319	22	2	1	22551		67,204.00	0.00		55,517.00	0.00	0.00	0.00	11,687.00	0.00	0.00	0.00	55,517.00
6/06/14	Z319	22	2	1	22546		30,204.00	0.00		30,000.00	0.00	0.00	0.00	204.00	0.00	0.00	0.00	30,000.00
6/06/14	Z319	22	2	1	22551		19,879.00	0.00		18,000.00	0.00	0.00	0.00	1,879.00	0.00	0.00	0.00	18,000.00
6/06/14	Z319	22	2	1	22551-50		19,879.00	0.00		18,000.00	0.00	0.00	0.00	1,879.00	0.00	0.00	0.00	18,000.00
6/06/14	Z319	22	2	1	22551-50		19,879.00	0.00		18,000.00	0.00	0.00	0.00	1,879.00	0.00	0.00	0.00	18,000.00
6/06/14	Z319	22	2	1	22551-50		19,879.00	0.00		18,000.00	0.00	0.00	0.00	1,879.00	0.00	0.00	0.00	18,000.00
6/06/14	22	2	1	22552		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,255.00	
6/06/14	22	2	1	22552-50		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,255.00	
6/06/14	22	2	1	22552-50		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,255.00	
6/06/14	22	2	1	20936		2,175.00	0.00		2,175.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,175.00	
							2632											
							Y755											
CLAIM TOTAL:							236,869.00	0.00		217,457.00	0.00	0.00	0.00	18,403.00	0.00	0.00	0.00	217,457.00
<p>2002 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 18 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE IF A SERVICE WAS PROVIDED IN 2011, YOU WOULD HAVE UNTIL MARCH 31, 2013 TO FILE A CLAIM.</p> <p>Y755 HORIZON PROVIDES ADMINISTRATIVE CLAIM PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.</p> <p>Z319 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																		

EXHIBIT E



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza
Newark, NJ 07105-2200
www.HorizonBlue.com

December 22, 2014

29

JASON D COHEN MD
776 SHREWSBURY AVENUE SUITE 201
TINTON FALLS, NJ 07724

RE: Patient Name: Marcus, Abir
Member ID Number: [REDACTED]
Reference Number: 1-624335221873
Date(s) of Service: 07/04/2014
Claim Number: 26141902133704
Patient Account Number: [REDACTED]

Dear Health Care Professional:

Horizon Blue Cross Blue Shield of New Jersey acknowledges receipt of your written inquiry on December 01, 2014.

The request to reconsider the claim has been reviewed carefully according to the member's benefits and Horizon BCBSNJ's payment methodology. We regret that we are unable to make additional payment on the above claim. Please be advised that the claim was processed and paid according to the member's contract. Our records indicate that you were not participating with Horizon Blue Cross and Blue Shield of New Jersey on the date the service was rendered.

We value your partnership and your concerns are very important to us. Should you have further questions, please feel free to contact us at one of the numbers below:

- Physician/Healthcare Professional at 1-800-624-1110
- BlueCard Dedicated Unit at 1-888-435-4383
- Institutional/Facility at 1-888-666-2535



Did you know by accessing Horizon's website www.horizonblue.com or by using our automated Interactive Voice Response (IVR) system which is available 24/7 for your convenience, you can save time and minimize the need to contact us via a telephone call? These online services make it easy for you to access the important information you need to manage your patients such as *Claim Status*; *Eligibility/Benefits*; *Referral Submission*; and other pertinent information. Registration for the website is easy. If you encounter problems during registration, you can contact our eBusiness Helpdesk (Monday - Friday from 8:00 a.m. to 5:00 p.m. EST) at 1-888-777-5075.

Information on your appeal rights is available at <https://services5.horizon-bcbnj.com/egrise/main/horizon/tcn/tweb/appeals.html>.

Sincerely,

Monica Saldanha

Monica Saldanha
Service Request Correspondence
Provider Services Department

EXHIBIT F



**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**
EXPERIENCE. EXCELLENCE.

Harry A. Bade, III, MD, FACS

Christopher D. Johnson, MD, FACS

Brian M. Torpey, MD, FACS

Gregg R. Foos, MD, FACS

David R. Gentile, MD, FACS

Jason D. Cohen, MD, FACS

Glenn G. Gabisan, MD, FACS

Mark W. Gesell, MD, FACS

Barry L. Swick, MD

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949

www.professionalortho.com

February 26, 2015

*Horizon BS of NJ
PO Box 10129
Newark, NJ 07101
ATT: 2nd LEVEL MEMBER APPEALS DEPT*

*Re: Abir Marcus
ID #: [REDACTED]
DOS: 7/4/14
CLAIM #: 261419021337 04*

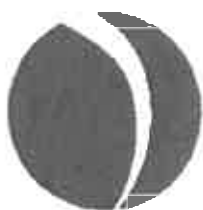
To Whom It May Concern:

I am sending in this 2nd appeal on this claim as the designated authorized representative for the above-mentioned patient to dispute the processing of the above claim. Please see attached authorized form signed by patient allowing us to appeal on her behalf.

Your response to my 1st appeal is both insufficient and brief. I asked specific items be explained in detail and your response was a generic response stating "The claim was processed and paid according to the members contract.

Please be advised that Ms. Marcus underwent emergency surgery on 7/4/14 due to severe neck pain with left arm paresthesias and weakness for intractable neck pain due to C4-C5 and C5-C6 left herniated nucleus pulposus degenerative disk disease and spondylosis. .

I have attached other Horizon Blue Shield of NJ subscribers, whose similar surgeries with most of



**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**

EXPERIENCE. EXCELLENCE.

Harry A. Bade, III, MD, FACS

Christopher D. Johnson, MD, FACS

Brian M. Torpay, MD, FACS

Gregg R. Foos, MD, FACS

David R. Gentile, MD, FACS

Jason D. Cohen, MD, FACS

Glenn G. Gabisan, MD, FACS

Mark W. Gesell, MD, FACS

Barry L. Swick, MD

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949

www.professionalortho.com

the same codes as Ms. Marcus were paid substantially higher.

Based on this emergent surgery for Ms. Marcus this claim needs to be reviewed for additional payment and processed as an emergency surgery.

Based on this information, we request that the adjustments be reversed and additional payment be made.

*If your company does not release additional benefits, please submit the applicable policy language **IN DETAIL**, which justifies the determination so that we may determine your company's liability when this claim goes to our corporate attorney for arbitration.*

We appreciate your prompt attention to this matter. If you need to contact me please call me at (732) 530-4949 x125

Sincerely,

Sheree Roth
Sheree Roth



**PROFESSIONAL SPINE
AND
SCOLIOSIS CENTER**

AT
**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**

Jason D. Cohen, MD, FACS

Board Certified
Fellowship Trained
Orthopaedic Spinal Surgeon
Diplomate
American Board of Spine Surgery
Scoliosis
Spinal Surgery
Neck Surgery
Spinal Deformity
Herniated Discs
Spinal Stenosis
Spinal Tumors and Fractures
Spinal Reconstructive Fusions

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949

www.professionalortho.com

November 24, 2014

*Horizon BS of NJ
PO Box 10129
Newark, NJ 07101
ATT: MEMBER APPEALS DEPT*

*Re: Abir Marcus
ID #: [REDACTED]
DOS: 7/4/14
CLAIM #: 261419021337 04*

To Whom It May Concern:

I am appealing this claim as the designated authorized representative for the above-mentioned patient to dispute the processing of the above claim. Please see attached authorized form signed by patient allowing us to appeal on her behalf.

We are in receipt of the EOB regarding the processing of the above referenced claim. It is our understanding that benefits were processed according to what you feel is a usual and customary reimbursement for this surgery. .

Please be advised that Ms. Marcus underwent emergency surgery on 7/4/14 due to severe neck pain with left arm paresthesias and weakness for intractable neck pain due to C4-C5 and C5-C6 left herniated nucleus pulposus degenerative disk disease and spondylosis. .

I have attached other Horizon Blue Shield of NJ subscribers, whose similar surgeries with most of



**PROFESSIONAL SPINE
AND
SCOLIOSIS CENTER**
AT
**PROFESSIONAL
ORTHOPAEDIC
ASSOCIATES**

Jason D. Cohen, MD, FACS

Board Certified
Fellowship Trained
Orthopaedic Spinal Surgeon
Diplomate
American Board of Spine Surgery
Scoliosis
Spinal Surgery
Neck Surgery
Spinal Deformity
Herniated Discs
Spinal Stenosis
Spinal Tumors and Fractures
Spinal Reconstructive Fusions

Tinton Falls Office
776 Shrewsbury Avenue
Suite 105
Tinton Falls, NJ 07724
Fax (732) 530-3618

Toms River Office
1430 Hooper Avenue
Suite 101
Toms River, NJ 08753
Fax (732) 349-7722

Freehold Office
303 West Main Street
First Floor
Freehold, NJ 07728
Fax (732) 577-0036

(732) 530-4949
www.professionalortho.com

the same codes as Ms. Marcus were paid substantially higher.

Based on this emergent surgery for Ms. Marcus this claim needs to be reviewed for additional payment and processed as an emergency surgery.

Based on this information, we request that the adjustments be reversed and additional payment be made.

If your company does not release additional benefits, please submit the applicable policy language, which justifies the determination so that we may determine your company's liability in the event this needs to go to our corporate attorney for arbitration.

We appreciate your prompt attention to this matter. If you need to contact me please call me at (732) 530-4949 x125

Sincerely,

Sheree Roth

PROFESSIONAL ORTHOPAEDIC ASSOCIATES

Authorization of Designated Representative to Appeal a Determination

Date: 7/13/14

Patient name: Alan Morris

Insured ID #: [REDACTED]

I hereby authorize Professional Orthopaedic Associates, as my designated representative, to appeal to my insurance company, Horizon BS of NJ, on my behalf, in the
(please print name of insurance company here)

determination of services rendered by Jason Cohen, and, as part of the appeal, I hereby
(doctor you are seeing today)

authorize Horizon BS of NJ to disclose and furnish to my
(please print name of insurance company here)

designated representative, Professional Orthopaedic Associates, the following information:

All medical and financial information contained in my insurance file. I understand this information is
privileged and confidential.

Patient Name: Alan Morris
(please print)

Legal Guardian's name: _____
(please print)

Signature of Patient or Legal Guardian: [Signature]

Date: 7/13/14

[Signature]
Signature of Professional Orthopaedic Associates Representative

Check No: 66902547
Payee ID [REDACTED]
NPI Code 1417934449

PATIENT							SUBSCRIBER			SUB ID		CLAIM NO.			PATIENT ACCT		
DOS	RWK	POS	TDS	QTY	PRCD	POD	BILLED	NOT ALLOWED	REAS	ALLOWED	CD-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID
ADVANTAGE EPO 35A																	
ABERLE, MARCUS											NLT700263110421357 03			224426			
7/04/14	21	2		1	22551-ET		67,204.00-	0.00		0.00	0.00	0.00	0.00	67,204.00-		0.00	0.00
7/04/14	21	2		1	22845-ET		35,000.00-	0.00		0.00	0.00	0.00	0.00	35,000.00-		0.00	0.00
7/04/14	21	2		1	22851-ET		22,878.00-	0.00		0.00	0.00	0.00	0.00	22,878.00-		0.00	0.00
7/04/14	21	2		1	22851-ET		22,878.00-	0.00		0.00	0.00	0.00	0.00	22,878.00-		0.00	0.00
7/04/14	21	2		1	22562-ET		19,255.00-	0.00		0.00	0.00	0.00	0.00	19,255.00-		0.00	0.00
7/04/14	21	2		1	20936-ET		2,175.00-	0.00		0.00	0.00	0.00	0.00	2,175.00-		0.00	0.00
CLAIM TOTAL:							169,389.00-	0.00		0.00	0.00	0.00	0.00	169398.00-		0.00	0.00
NLT700263110421357 04																	
7/04/14	21	2		1	22551-ET		67,204.00	0.00		1,930.65	0.00	0.00	0.00	65,273.35		0.00	1,930.65
7/04/14	21	2		1	22845-ET		35,000.00	0.00		826.64	0.00	0.00	0.00	34,173.36		0.00	826.64
7/04/14	21	2		1	22851-ET		22,878.00	0.00		458.79	0.00	0.00	0.00	22,419.21		0.00	458.79
7/04/14	21	2		1	22851-ET		22,878.00	0.00		458.79	0.00	0.00	0.00	22,419.21		0.00	458.79
7/04/14	21	2		1	22562-ET		19,255.00	0.00		448.40	0.00	0.00	0.00	18,806.60		0.00	448.40
7/04/14	21	2		1	20936-ET		2,175.00	0.00		143.32	0.00	0.00	0.00	2,031.68		0.00	143.32
CLAIM TOTAL:							169,390.00	0.00		4,284.55	0.00	0.00	0.00	165125.41		0.00	4,284.55

2000: PAYMENT OF \$0.00 WAS PREVIOUSLY ISSUED FOR THIS CLAIM. THE PAYMENT SHOULD HAVE BEEN MADE AS THE PREVIOUS PAYMENT HAS BEEN DEDUCTED FROM THE TOTAL PAYMENT REFLECTED FOR THIS CLAIM.

BARNABAS HEALTH
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: [REDACTED]

Billing Number: 0885667020

Operative Report

ADMISSION DATE: 07/04/2014

DATE OF SURGERY: 07/04/2014

PREOPERATIVE DIAGNOSIS: C4-C5 and C5-C6 herniated nucleus pulposus, left arm progressive weakness, degenerative disk disease, and spondylosis.

POSTOPERATIVE DIAGNOSIS: C4-C5 and C5-C6 herniated nucleus pulposus, left arm progressive weakness, degenerative disk disease, and spondylosis.

SURGEON: Jason D Cohen, MD

ASSISTANT: Sue E. McNeil, PA and Douglas Navasartian, MD

ANESTHESIOLOGIST: Matthew P Zlotnick, MD

ANESTHESIA: General endotracheal anesthesia.

OPERATION: Anterior cervical diskectomy for neural decompression C4-C5 and C5-C6; anterior interbody arthrodesis at C4-C5 and C5-C6; anterior spinal instrumentation at C4, C5, and C6; interbody device C4-C5; interbody device C5-C6; local autogenous bone grafting; somatosensory evoked potential monitoring of upper and lower extremities x1 additional hour.

ESTIMATED BLOOD LOSS: Minimal.

FLUIDS: IV fluids, 1000 mL of crystalloid.

COMPLICATIONS: No complications.

COUNTS: Sponge, instrument, and needle count correct at the end of the procedure.

SSEP monitoring was stable throughout the surgery. Please refer to separate operative report dictated by Dr. Fox.

INDICATIONS: The patient is a 46-year-old female who has had an approximately four-week history of severe neck pain with left arm pain, paresthesias, developed progressive weakness in her left arm. The patient had intractable pain, no longer tolerated her symptoms. She presented to the emergency room of Monmouth Medical

BARNABAS HEALTH
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740

Operative Report

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: [REDACTED]

Billing Number: 0885687020

ADMISSION DATE: 07/04/2014

Center with progressive weakness in the left upper extremity. She had been treated prior with medication management, exercise, and epidural steroids, none of which afforded her any symptomatic relief. Upon seeing her, she was noted to have weakness in her left deltoid as well as profound weakness in the left biceps. She was in severe pain in the neck and to the left upper extremity. I reviewed the MRI with her, it revealed a left-sided C4-C5 and C5-C6 disk herniation with high-grade spinal stenosis at the C5 and C6 nerve roots. Discussed treatment options such as continued conservative treatment versus surgical intervention. Discussed the risks, benefits, complications, options, and expected outcomes of both treatments. The patient was desirous of surgical treatment. I felt this was the best option for the patient given the progressive weakness that she had and severe intractable pain. Informed consent was obtained.

PROCEDURE: She was taken to the operating room on July 4, 2014. She received 1 g of Ancef antibiotic prophylaxis. General endotracheal anesthesia was initiated. She was placed on the operating table in spine position. Head was placed in a Mayfield head rest, a roll was placed beneath the shoulders, arms were secured to the side. All bony prominences were well padded, 7 pounds of traction were hung from Holter device. Neck was prepped and draped in the usual sterile fashion. Left-sided anterior approach was performed. Transverse incision was made. Skin and subcutaneous tissue were sharply incised. Hemostasis was obtained with electrocautery. Platysma muscles were split in the line of the skin incision. Deep cervical fascia was opened at the point of dissection and was carried medially to the carotid sheath through the pretracheal fascia onto the prevertebral space. Peanut dissector was used to clean up the ventral aspect of the spine. At the C6, carotid tubercle was palpated along the C5-C6 disk space. An 18-gauge spinal needle was inserted in the C5-C6 disk space. Lateral radiograph was obtained to confirm position at C5-C6. This space was marked with electrocautery. C4-C5 space was then marked. Longus colli muscle was elevated off the vertebral bodies from C4-C6. Self-retaining retractors were inserted underneath the longus colli muscle. Cephalad and caudad retractors were inserted for visualization from C4-C6. All soft tissue was removed from the ventral aspect of the spine. The annulus at C4-C5 and C5-C6 was incised with 15-blade in a box fashion. Discectomy was performed with straight and upbiting pituitary rongeurs. Straight and angled curettes were used to remove the cartilaginous endplates, clean up the uncovertebral joints. Starting at the C5-C6, Cloward interbody spreader was inserted. 3.0 angled Karlén curette was used to attach the posterior bony rim from the posterior longitudinal ligament. 1 and 2 mm Kerrison were used to resect the posterior margin of the C5 and C6, to perform a foraminotomy on the left side. The extruded disk fragment was

BARNABAS HEALTH
 Monmouth Medical Center
 300 Second Avenue
 Long Branch, NJ 07740

Operative Report

PATIENT NAME: MARCUS, ABIR

MRN: 0001338050 DOB: [REDACTED]

Billing Number: 0885667020

ADMISSION DATE: 07/04/2014

identified and retrieved. Complete decompression was performed where a nerve hook could freely pass behind the body of C5 and C6 and out both neural foramen with no further compression. The pia also was resected. Surgiflo was used for hemostasis. Attention was then turned to the C4-C5 level in similar fashion. Cloward spreader was inserted. 1 and 2 mm Kerrisons were used to dissect the posterior bony margins of C4 and C5 and to resect the posterior longitudinal ligament to perform a foraminotomy on the left side. Nerve root was decompressed. Disk fragment was retrieved. Nerve hook could freely pass behind the body of C4 and C5 and out both the neural foramen. No further compression. Copious irrigation was performed. Surgiflo was used for hemostasis. Trialing for the interbody device was performed. The device used was a NuVasive Core Contour. The appropriate size was a 5 standard. Cutting broaches were used to prepare both interspaces. A 3-mm Kerrison was used to harvest the anterior and inferior portion of the vertebral body of C5 and C4 for local autogenous bone graft and to have parallel endplate. The additional bone from the posterior portion of the vertebral body was also used for local autogenous bone graft. Bone graft was inserted into the interbody devices and they were packed into the C5-C6 and C4-C5 spaces, respectively. The NuVasive Halix R 38 mm plate was affixed from C4-C6 with two holding pins. 13 mm screws were inserted sequentially in C4, C5, and C6. Excellent purchase of all screws was obtained. Lateral radiographs showed excellent position of the instrumentation at C4-C5 and C5-C6. Locking rings were engaged and torqued to the manufacturer's recommendation. Holding pins were removed. Bone wax was used for hemostasis. Copious irrigation was performed. There was no significant bleeding. A Penrose drain was left deep in the ventral aspect of the spine. The wound was closed by reapproximating the platysma with 2-0 Vicryl and the closing the wound in layers with 2-0 Vicryl and running 3-0 Monocryl subcuticular sutures. Steri-Strips were applied followed by sterile dressing and an Aspen collar. The patient was awakened, extubated and taken to recovery room in stable and satisfactory condition.

E- Signed by
 Jason D Cohen, MD 07/07/2014 07:36

A


 Jason D Cohen, MD

Date. 8/24/2013
PAGE 2 OF 4

Check No: 61949058
Payee ID [REDACTED]
MPI Code 1417934449

SAMPLE SUB

1107UC0150010015403

www.horizonblu.com

Date: 11/07/2013
PAGE 2 OF 2Check No: 62820729
Payee ID [REDACTED]
NFI Code 1417934449

PATIENT						SUBSCRIBER				SUB ID		CLAIM NO.			PATIENT ACCT		
DOB	MR	POS	TOS	QTY	PRG	MO	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID

NATIONAL ACCOUNTS PDS - PROVIDER SERVICES: (800)624-4750

											RA-780281328302211 00				198703	
10/07/13	22	2	1	22551	58,862.00	0.00	28,523.00	1,910.40	0.00	0.00	0.00	32,249.40	0.00	24,612.50		
10/07/13	22	2	1	22646	25,556.00	0.00	24,178.00	0.00	0.00	0.00	0.00	1,378.00	0.00	24,178.00		
10/07/13	22	2	1	22851	17,972.00	0.00	12,500.00	0.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00		
10/07/13	22	2	1	22851-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00		
10/07/13	22	2	1	22851-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00		
10/07/13	22	2	1	22851-59	17,972.00	0.00	12,500.00	0.00	0.00	0.00	0.00	5,472.00	0.00	12,500.00		
10/07/13	22	2	1	22552	18,292.00	0.00	8,198.00	0.00	0.00	0.00	0.00	10,094.00	0.00	6,198.00		
10/07/13	22	2	1	22552-59	18,292.00	0.00	8,198.00	0.00	0.00	0.00	0.00	10,094.00	0.00	6,198.00		
10/07/13	22	2	1	22552-59	18,292.00	0.00	8,198.00	0.00	0.00	0.00	0.00	10,094.00	0.00	6,198.00		
10/07/13	22	2	1	20936	2,175.00	0.00	1,202.00	0.00	0.00	0.00	0.00	983.00	0.00	1,202.00		
Z456a																
CLAIM TOTAL:							285,367.00	0.00	128,567.00	1,910.40	0.00	0.00	88,600.40	0.00	118,578.60	

Z456a NUMBER CONFIRMANCE OF \$19,840 WAS APPLIED TO THIS CLAIM

SAMPLE EOB

2015

1002UC05E0010015891

www.horizonblue.com

Date: 10/02/2013
PAGE 2 OF 2Check No: 62375655
Payee ID [REDACTED]
NPI Code 1417934449

PATIENT							SUBSCRIBER				WOB ID		CLAIM NO.		PATIENT ACCT		
DOB	AGE	POS	TOS	QTY	PROC	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CUST LIAB	REAS	OTHER CARR	PAID
NJ DIRECT - PROVIDER SERVICES: (800)624-1110																	
[REDACTED]							[REDACTED]				[REDACTED]		NA-78026132074477 00		161773		
7/12/13	2319	22	2	1	22951		56,852.00	0.00		47,078.42	1,443.85	0.00	0.00	0.00			0.00 45,634.57
7/12/13	2319	22	2	1	22645		25,355.00	0.00		21,159.30	0.00	0.00	0.00	0.00			0.00 21,159.30
7/12/13	2319	22	2	1	22851		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			0.00 13,224.56
7/12/13	2319	22	2	1	22851-50		17,972.00	0.00		13,224.56	0.00	0.00	0.00	0.00			0.00 13,224.56
7/12/13	2319	22	2	1	22852		16,292.00	0.00		13,489.13	0.00	0.00	0.00	0.00			0.00 13,489.13
7/12/13	2319	22	2	1	20936		2,175.00	0.00		1,843.40	0.00	0.00	0.00	0.00			0.00 1,843.40
2832 2465a																	
CLAIM TOTAL:							138,626.00	0.00		110,020.37	1,443.85	0.00	0.00	0.00			0.00 108,576.52
<p>2832 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 30 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE: IF A SERVICE WAS PROVIDED IN 2011, YOU WOULD HAVE UNTIL MARCH 31, 2013 TO FILE A CLAIM.</p> <p>2465a MEMBER COINSURANCE OF \$1443.85 WAS APPLIED TO THIS CLAIM.</p> <p>2819 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																	
NJ NATIONAL ACCOUNTS SERVICED IN MT. LAUREL - PROVIDER SERVICES: (800)624-4750																	
[REDACTED]							[REDACTED]				[REDACTED]		NA-780261324721472 00		193133		
8/01/13	2319	41		1	89244		607.88	0.00		422.00	84.40	0.00	0.00	370.28			0.00 337.60
8/01/13	2319			1	72100		223.00	0.00		199.00	39.80	0.00	0.00	63.80			0.00 159.20
2465a																	
CLAIM TOTAL:							830.88	0.00		621.00	124.20	0.00	0.00	334.08			0.00 496.60
<p>2465a MEMBER COINSURANCE OF \$1443.85 WAS APPLIED TO THIS CLAIM.</p> <p>2819 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																	

SAMPLE EOB



Date: 3/13/2014
 PAGE 3 OF 4

www.horizonblue.com

Check No: 64239781
 Payee ID [REDACTED]
 NPI Code 1417934449

DOB	IN	POS	TBS	QTY	PROC	REN	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	COST LIAB	REAS	OTHER CARR	PAID
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY INC - PROVIDER SERVICES: (800)624-1110																	
1/08/14	Z484	22	2	1	22851-ET		58,862.00	0.00		58,862.00	2,057.42	0.00	0.00	2,057.42		0.00	54,804.58
1/08/14	Z484	22	2	1	22845-ET		25,558.00	0.00		25,558.00	0.00	0.00	0.00	0.00		0.00	25,558.00
1/08/14	Z484	22	2	1	22851-ET		17,972.00	0.00		17,972.00	0.00	0.00	0.00	0.00		0.00	17,972.00
1/08/14	Z484	22	2	1	20838-ET		2,175.00	0.00		2,175.00	0.00	0.00	0.00	0.00		0.00	2,175.00
	Z484a																
CLASH TOTAL:							102,565.00	0.00		102,565.00	2,057.42	0.00	0.00	2,057.42		0.00	100,507.58

2484 MEMBER COVERAGE INFORMATION HAS APPLIED TO THIS CLAIM.

2084 PAYMENT FOR THIS SERVICE HAS BEEN REQUESTED TO YOUR OFFICE, BUT HAS NOT BEEN RECEIVED THROUGH YOUR OWN PORT OF SERVICE.

SAMPLE COB

Date: 9/09/2014
PAGE 2 OF 4

Check No: 66272404
Payee ID [REDACTED]
NFI Code 1417934449

2030 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 18 MONTHS AFTER THE END OF THE
CLAIMED YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE, IF A SERVICE WAS PROVIDED IN Q1, YOU WOULD HAVE
UNTIL MARCH 31, 2019 TO FILE A CLAIM.
2040 HOWEVER PROVIDING ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH
RESPECT TO CLAIMS.
2050 YOU ARE A NON-FACILIATING PROVIDER. THE CHARGE DENIED FOR THE WORKERS ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT
THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THE FORM.
2060 THIS SERVICE IS NOT PAID SEPARATELY. THIS SERVICE IS INCLUSIVE TO A PROCEDURE THAT HAS ALREADY BEEN PROCESSED
FOR THE DATE OF SERVICE. UNLESS INDICATED OTHERWISE. 1-811-776-0000

SAMPLE EOB

07100005E0010018878

www.horizonblue.com

Date: 7/10/2014
PAGE 2 OF 2Check No: 65609585
Payee ID [REDACTED]
NPI Code 1417934449

DATE	TIME	POS	POS	QTY	PROD	MOD	BILLED	NOT ALLOWED	REAS	ALLOWED	CO-INS	COPAY	DEDUCTIBLE	CLST LIAB	REAS	OTHER CARR	PAID
SAMPLE FOR																	
NJ DIRECT - PROVIDER SERVICES: (800) 824-8110																	
6/06/14	2319	22	2	1	22551		67,204.00	0.00		49,965.30	0.00	0.00	0.00	0.00		0.00	49,965.30
6/08/14	2319	22	2	1	22846		30,204.00	0.00		22,500.00	0.00	0.00	0.00	0.00		0.00	22,500.00
6/08/14	2319	22	2	1	22851		19,878.00	0.00		16,200.00	0.00	0.00	0.00	0.00		0.00	16,200.00
6/06/14	2319	22	2	1	20936		2,175.00	0.00		1,957.50	0.00	0.00	0.00	0.00		0.00	1,957.50
							2832										
							1755										
CLAIM TOTAL:							119,461.00	0.00		90,622.80	0.00	0.00	0.00	0.00		0.00	90,622.80
<p>2022 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 18 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE, IF A SERVICE WAS PROVIDED IN 2011, YOU WOULD HAVE UNTIL MARCH 31, 2013 TO FILE A CLAIM.</p> <p>1705 HORIZON PROVIDES ADMINISTRATIVE CLAIM PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.</p> <p>2319 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																	
10/6/14	2319	22	2	1	22551		67,204.00	0.00		55,517.00	0.00	0.00	0.00	11,687.00		0.00	55,517.00
6/08/14	2319	22	2	1	22846		30,204.00	0.00		30,000.00	0.00	0.00	0.00	204.00		0.00	30,000.00
6/08/14	2319	22	2	1	22851		19,878.00	0.00		18,000.00	0.00	0.00	0.00	1,878.00		0.00	18,000.00
6/08/14	2319	22	2	1	22851-59		19,878.00	0.00		18,000.00	0.00	0.00	0.00	1,878.00		0.00	18,000.00
6/08/14	2319	22	2	1	22851-59		19,878.00	0.00		18,000.00	0.00	0.00	0.00	1,878.00		0.00	18,000.00
6/08/14	2319	22	2	1	22851-53		19,878.00	0.00		18,000.00	0.00	0.00	0.00	1,878.00		0.00	18,000.00
6/08/14	2319	22	2	1	22852		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00		0.00	19,255.00
6/06/14	22	2	1	22852-59		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00	0.00		0.00	19,255.00
6/06/14	22	2	1	22852-59		19,255.00	0.00		19,255.00	0.00	0.00	0.00	0.00	0.00		0.00	19,255.00
6/08/14	22	2	1	20936		2,175.00	0.00		2,175.00	0.00	0.00	0.00	0.00	0.00		0.00	2,175.00
							2832										
							1755										
CLAIM TOTAL:							236,880.00	0.00		217,457.00	0.00	0.00	0.00	19,463.00		0.00	217,457.00
<p>2022 PLEASE NOTE: CLAIMS MUST BE FILED WITHIN 18 MONTHS AFTER THE END OF THE CALENDAR YEAR IN WHICH THE CHARGES WERE INCURRED. FOR EXAMPLE, IF A SERVICE WAS PROVIDED IN 2011, YOU WOULD HAVE UNTIL MARCH 31, 2013 TO FILE A CLAIM.</p> <p>1705 HORIZON PROVIDES ADMINISTRATIVE CLAIM PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.</p> <p>2319 YOU ARE A NON-PARTICIPATING PROVIDER. THE CHARGE EXCEEDS THE MAXIMUM ALLOWED BY THE MEMBER'S CONTRACT. THE AMOUNT THE MEMBER IS RESPONSIBLE FOR IS SHOWN ON THIS FORM.</p>																	

EXHIBIT G



Horizon Blue Cross Blue Shield of New Jersey



Three Penn Plaza
Newark, NJ 07105-2200
www.HorizonBlue.com

March 22, 2015

JASON D COHEN MD
776 SHREWSBURY AVENUE SUITE 201
TINTON FALLS NJ 07724

RE: Patient Name: ABIR A MARCUS
Member ID Number: [REDACTED]
Reference Number: 1-625061467828
Date(s) of Service: 7/4/2014-7/4/2014
Claim Number: 26141902133704
Patient Account Number: [REDACTED]

Dear Health Care Professional:

Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) acknowledges receipt of your written inquiry on March 02, 2015.

The request to reconsider the claim has been reviewed carefully according to the member's benefits and Horizon BCBSNJ's payment methodology. EPO ADVANTAGE includes an option for using out-of-network providers. When a member exercises this out-of-network option they will be responsible for their deductible and coinsurance based on the reasonable and customary fee schedule as outlined in their benefits, and any balance due up to charges for all services.

We value your partnership and your concerns are very important to us. Should you have further questions, please feel free to contact us at one of the numbers below:

- Physician/Healthcare Professional at 1-800-624-1110
- BlueCard Dedicated Unit at 1-888-435-4383
- Institutional/Facility at 1-888-666-2535



Did you know by accessing Horizon's website www.horizonblue.com or by using our automated Interactive Voice Response (IVR) system which is available 24/7 for your convenience, you can save time and minimize the need to contact us via a telephone call? These online services make it easy for you to access the important information you need to manage your patients such as *Claim Status; Eligibility/Benefits; Referral Submission; and other pertinent information*. Registration for the website is easy. If you encounter problems during registration, you can contact our eBusiness Helpdesk (Monday – Friday from 8:00 a.m. to 5:00 p.m. EST) at 1-888-777-5075.

Information on your appeal rights is available at <https://services5.horizon-bcbnj.com/gorise/main/horizon/jsnj/tyweb/appeals.html>

Sincerely,

Lynell Williams

Lynell Williams
Service Request Correspondence
Provider Services Department

